

CLAIMANT'S SUPPLEMENTAL STATEMENT

To be completed by the claimant ONLY (except for witnessing), and attached to the forgery affidavit.

Claimant's Name	Warrant No.	Date Issued	Amount \$
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I am the payee and owner of the state of Iowa warrant described above. I have examined a photocopy of the warrant and the endorsement on it and I declare that I did not receive this warrant; I did not in any manner receive any of the proceeds of the warrant; and I did not participate in any manner in negotiating it.

In support of this claim, I make the following statements, which I declare to be true to the best of my knowledge. I understand that if I make false statements in this affidavit, I will be in violation of the Iowa criminal code and subject to prosecution.

1. Was this warrant received in the mail or did you ever see it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Did you endorse this warrant or complete any part of the endorsement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Did you authorize someone to endorse this warrant for you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Do you know of any person who participated in or received the proceeds of this warrant or any part of it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Do you know of any person who might have removed the envelope containing the warrant from your mail box or received the check from someone and then endorsed your name? If yes, list below:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name		
Street	City	State Zip Code
Name		
Street	City	State Zip Code
Explain how you believe this occurred.		
6. Where were you on date this warrant was to be received?		

7. Where were you on the date and at the time this warrant was cashed?			
8. Have you ever been in the establishment where the warrant was cashed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Where do you usually cash your warrants?			
10. List names of persons who live at the address to which warrant was directed			
11. Who shares your letter box or has authority to remove your mail?			
12. What is the address on the warrant?			
Street	City	State	Zip Code
13. Was the address on the warrant your correct mailing address? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, what is your correct address?			
Street	City	State	Zip Code
14. Where can you be contacted?			
Day: _____	Phone	()	
Night: _____	Phone	()	
Work: _____	Phone	()	
15. How long have you lived (or did you live) at the address on the warrant?			
16. If you changed your address, did you advise anyone? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, who?			
17. Have you reported the loss to your local law enforcement agency? <input type="checkbox"/> Yes <input type="checkbox"/> No Which department? Report No.			
18. If married (or divorced), what was your maiden name?			

Claimant's Signature	Date
Claimant's Signature	Date

SIGNATURE PAGE

Complete this page by writing information exactly as it appears on the endorsement of the warrant.

Please sign in ink:

Signature			
Street	City	State	Zip Code
Signature			
Street	City	State	Zip Code

Please print:

Signature			
Street	City	State	Zip Code
Signature			
Street	City	State	Zip Code

Please complete with your other hand:

Signature			
Street	City	State	Zip Code
Signature			
Street	City	State	Zip Code

Subscribed and sworn to me on:	Notary	Commission Expires
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